

☐ VOID

☐ CORRECTED

Depository Name and Address		<b>1999</b> <b>Idaho Medical Savings Account</b>
Depository Federal Employer Identification Number	Account Holder Identification Number	
Account Holder Name and Address		Rollover Contributions \$
		Contributions \$
		Withdrawals \$
		Interest Earned \$

Form MSA-1

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Form MSA-1